DATENT	APPLICATION	EEE DETERM	MOITAMI	RECORD
PAIENI	APPLICATION	PEE DE LERIV	MAHUN	RECURD

Application	or	Docket	Number
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Effective October 1, 2001												
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SM TYI	ALL EI	NTITY	OR	OTHER SMALL I	
TOTAL CLAIMS			7,					RATE	FEE		RATE	FEE
FO	R .		NUMBER	FILED	NUMB	ER EXTRA	ВА	SIC FEE	370.00	OR	BASIC FEE	740.00
то	TAL CHARGEA	BLE CLAIMS	Z Umir	us 20=	*		,	(\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	か mi	nus 3 =	*		7	<42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								140=		OR	+280=	
* If	the difference	in column 1 is	less than ze	ero, ente	r "0" in c	olumn 2		OTAL	370	OR	TOTAL	740
İ	С	LAIMS AS A	MENDED	- PAR	T II		•		<u> </u>	10	OTHER	
		(Column 1)		(Colu	mn 2)	(Column 3)	S	SMALL ENTITY OR SMALL ENTITY				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA	. F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=	>	(\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		-	,	(42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-	140=		OR	+280=	
										OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	ADL	OIT. FEE	L	J	ADDII. FEE	
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=		(\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T OL A 184	=		(42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								140=		OR	+280=	
							ADE	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	×	(\$ 9=		OR	X\$18=	
\ME	Independent	*	Minus	***		=	<u> </u> -,	(42=			X84=	ļ
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		J ├─			OR		
*	If the entry in colu	mn 1 is less than t	he entry in colu	ımn 2 writ	e "0" in co	lumn 3	_+	140=		OR	+280=	
**	If the "Highest Nu	mber Previously P	aid For" IN THI	S SPACE	is less tha	n 20, enter "20.	, ADE	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

Best Available Copy

Effective October 1, 2003

Application or Docket Number

1005447/

CLAIMS AS FILED - PART I					l		S	SMALL ENTITY			OTHER THAN		l
			(Column 1) (Column 2)			1	TYPE		OR	SMALL	ENTITY	ļ	
TOTAL CLAIMS			ļ					RATE	FEE		RATE	FEE	
FOR			NUMBER	FILED	NUMB	ER EXTRA		BASIC FEE	38 5 00	OR	BASIC FEE	7 70, 00	
TOTAL CHARGEABLE CLAIMS				nus 20=	*			X\$ 9=		OR	X\$18=		
INC	EPENDENT C	LAIMS	mi	nus 3 =	*			X4: 3 =		OR	X8 b		
MULTIPLE DEPENDENT CLAIM PRESENT							+145		OR	+240=			
* If the difference in column 1 is less than zero, enter "0" in col					olumn 2	L	TOTAL		OR	TOTAL			
	С	LAIMS AS A	MENDED	- PAR	T II					ı	OTHER		
	encountry or Projection	(Column 1)	The Constitution	(Colur		(Column 3)		SMALL E	ENTITY	OR	SMALL	ENTITY]
ENT A		REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	· 13	Minus	** 2	0	=		X\$ 9=		OR	X\$18=		T
AMENDMENT	Independent	* 4 NTATION OF M	Minus	***	3	=		X43=	43	OR	X8 <i>b=</i>		
L	FINOT PRESE	NIAHON OF MI	JETR LE DEF	CNDENT	CLAIN			+145=	•	OR	+240=		
							A.	TOTAL DDIT. FEE	43	OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colun	nn 2)	(Column 3)		_		.			
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	** .	· · · · · · · · · · · · · · · · · · ·	=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X43 =		OR	X8 ⁄ .≟		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	PENDENT	CLAIM		! 	+145		OR	+29:0=		
							L	TOTAL DDIT. FEE		ΩD	TOTAL ADDIT. FEE	<u></u>	
		(Column 1)		(Colun	nn 21	(Column 3)	A	DDII. FEE L			ADDIT. I EE		1
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	FRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	_
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	-	X43=			X8 6 =		1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1 -	-		OR			
•	K the entry in colu	mn 1 is less than th	e entry in col-	ma 2 umita	to in an	luma 3	L	+145:		OR	+24)=	<u> </u>	
**	If the "Highest Nu	mber Previously Pa	id For IN THI	S SPACE &	s less tha	n 20, enter *20.	. AI	TOTAL DOIT. FEE		OR	TOTAL ADDIT, FEE		1
	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												